

SEP 28 2004

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FACSIMILE COVER SHEET

Deliver to: Syed Zia, USPTO Art Group: 2131
Facsimile No.: 703-872-9306 Date: September 28, 2004
From: William W. Schaal, Reg. No. 39,018
Our Docket No.: 42390P8084 Number of pages 11 including this sheet.
Application No.: 09/540,614 Filing Date: 3/31/2000
Docket Due Date(s): 11/11/2004

Enclosed are the following documents:

- ☒ Amendment: Response (8 pgs)

☐ Appeal Brief (in triplicate) (pgs)

☐ Application: _____
(pgs) w/cover & abstract

☐ Assignment & Cover Sheet (pgs)

☐ Certificate of _____

☐ Continued Prosecution Application (CPA)

☐ Declaration & POA (pgs)

☐ Drawings: sheets, figures

☐ Extension of Time: _____

☒ Fee Transmittal (in duplicate)

☐ IDS & PTO/SB/08 (pgs)

☐ Other _____

☐ Issue Fee Transmittal

☐ Notice of Appeal

☐ Petition for: _____

☐ Request for Continued Examination (RCE)

☐ Reply Brief (pgs)

☐ Request & Certification Under 35 USC 122(b)(2)(B)(i)

☐ Request to Rescind Previous Nonpublication Request

☐ Response to Notice of Missing Parts & Formalities Letter

☐ Response to Written Opinion (pgs)

☐ Terminal Disclaimer

☐ Transmittal of Publication Fee Due

☒ Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Susan McFarlane
Susan McFarlane

09/28/2004

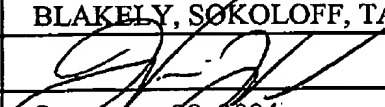
Date

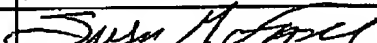
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/540,614
		Filing Date	March 31, 2000
		First Named Inventor	David W. Grawrock
		Art Unit	2131
		Examiner Name	Syed Zia
Total Number of Pages in This Submission	11	Attorney Docket Number	42390P8084

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

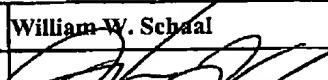
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 28, 2004

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Susan McFarlane		
Signature		Date	September 28, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 08/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004		<i>Effective 10/01/2004. Patent fees are subject to annual revision.</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	
		Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)		Complete if Known																																																																																																																																																																																																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		Application Number: 09/540,614 Filing Date: March 31, 2000 First Named Inventor: David W. Grawrock Examiner Name: Syed Zia Art Unit: 2131 Attorney Docket No.: 42390P8084																																																																																																																																																																																																																																													
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The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																																																																															
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	09/28/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
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